ABSENTEE ADDRESS CONFIRMAT	riqnibit No	7
13-13-212(4)(B), MCA	Date	128109
7 2	Bill No	SB276
You are registered as a Permanent Absentee Elector In order to receive for which you are eligible, state law requires that you complete and return form. (If you do not return this completed form, your name the Permanent Absentee Elector List. This will not prohoto have your name placed on the list in the future.) Upcoming Election is 2009 School Election (IF ONE IS REQUIRED) WAT OF YOU NOT On your application to be placed on the Permanent Absentee Elector List you gas the address where you want your absentee ballot to be mailed:	rn this address ne will be r ibit you fro	s confirmation emoved from om requesting out DE RMANEL
upcoming period from <u>February 1 through July 31</u> :		
Please include your phone number so we can reach you if we need to. Sign and date this form and return it to:		
Elections Office 100 W. Laurel Ave. Plentywood, MT 59254		
(406) 765-3403		
Signature of Elector Date		Phone Number